

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470





(Zip Code)

## LOBBYIST REGISTRATION FORM (See back of this form for instructions)

"03 JAN 23 P1:41

(State)

	(Type or Print Clearly)		STATE OF MARKED TO TATE OF MICE COMMISSION	
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)		TELEPHONE
TAA	VERNON	K		533-1490
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)

(City)

1109 96813 (BASEMENT LEVEL) BETHEL 57 HON. HI

EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE

MAILING ADDRESS (Street) (City) (State) (Zip Code)

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate	e)		TELEPHONE			
PLUMBERS AND FITTERS, LOCAL	533-1490					
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)			
1109 BETHEL ST. HON. HI 96813 (BASEMENT LEVEL)						
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANI	TELEPHONE					
COLLEN KAUHANE			533-1490			
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)			
(SAME AS ABOVE)						

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
X	Agriculture	X	Education	X	Human Services	×	Science, Technology & Economic Development
×	Communications & Public Utilities	K	Government Operations & Finance	X	Intergovernmental Relations, International Affairs	×	Tourism & Recreation
X	Consumer Protection & Commerce	X	Hawaiian Affairs	K	Labor & Employment	X	Transportaion
×	Culture, Arts, Historic Preservation	×	Health	×	Planning, Land & Water Use Management	X	Other: (indicate below)
K	Ecology, Energy, Environmental Protection	X	Housing	X	Public Safety & Corrections		LABOR

PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Vann K. Ta'a	22 JAN 2003			
(Signature of Lobbyist)	(Date)			

PART V AUTHORIZATION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
HERBERT S.K. KAOPUA SR.	RBERT S.K. KAOPUA SR. BSNS. MGE & FIN. SECY				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
PLUMBERS & FITTERS, LOCAL 675			533-1490		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)		
1109 BETHEL ST. HON. HI. 96813 BASEMENT LEVEL					
I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.					
Merber S. K. Kaopua Av (Signature of Authorizing Officer or Person Represente		1-23-0			
(Signature of Authorizing Officer or Person Represente	ed)	(Dai	(e)		